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IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF PENNSYLVANIA

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|---|---|---|
| UNITED STATES OF AMERICA | ) | CRIM. NO. |
| | ) | |
| v. | ) | |
| | ) | ( , J.) |
| TAMMIE M. SENSENIG, | ) | |
| a/k/a TAMMIE M. LUETTGEN, | ) | |
| | ) | |
| Defendant. | ) | (ELECTRONICALLY FILED) |

# INFORMATION

THE UNITED STATES ATTORNEY CHARGES:

Introduction.

1. The Pennsylvania Medical Assistance Program ("PMAP"), also known as Medicaid, is a public health insurance program which is administered in Harrisburg, Pennsylvania. The PMAP is administered by the state of Pennsylvania within broad federal guidelines and is jointly funded by both the state and federal government.

2. One of the services that PMAP provides is behavioral health therapy for at-risk children. This is often accomplished through the use of behavioral specialist consultants who work as mobile therapists.

These therapists travel to the homes of clients to provide in-home therapy and care.

3. Behavioral specialist consultants often contract with agencies at an hourly rate and are required to keep documentation indicating the hours spent with a client and the services provided. The agency then bills their services at a specified rate to a Medicaid Managed Care Organization.

4. Both the state and federal government maintain a list of providers who are excluded from providing care to Medicaid clients. This exclusion can be based on a number of factors to include a past history of Medicaid Fraud.

5. The exclusion period can be indefinite or for a specified period of time. Once the period of exclusion has expired, a health care provider may petition the PMAP and the United States Department of Health and Human Services, Office of the Inspector General to regain their status as a Medicaid-eligible provider.

6. The defendant, Tammie M. SENSENIG ("SENSENIG"), was convicted in 2006 for two offenses relating to Medicaid Fraud and again in 2008 for one offense relating to Medicaid Fraud.

7. On July 13, 2006, SENSENIG was convicted of Medicaid Fraud relating to false documentation that she provided to her then employer. As a result of this conviction, she was excluded from the Medicaid program for a period of ten years.

8. On July 13, 2006, SENSENIG was convicted of Medicaid Fraud relating to false documentation that she provided to two health care providers. As a result of this conviction, she was excluded from the Medicaid program for a period of ten years.

9. On February 8, 2008, SENSENIG was convicted of Theft by Deception and two counts of Medicaid Fraud stemming from false documentation that she provided to six different agencies in eastern Pennsylvania from March of 2004 through July of 2006. As a result of this conviction, SENSENIG was excluded from the Medicaid program for a period of five years.

10. In late 2013, SENSENIG held herself out as a behavioral specialist consultant and actively sought employment by completing an application to work at Alternative Counseling Enterprises, Inc. ("ACE"). ACE is a company located in Shillington, Pennsylvania, which provided outpatient behavioral health care. ACE contracted with Community

Care Behavioral Health Organization, a Medicaid Managed Care Organization, to provide behavioral rehabilitation services to its clients.

11. On October 3, 2013, SENSENIG executed an employment contract with ACE for her services as both a behavioral specialist consultant and a mobile therapist.

12. Per the contract with her employer, SENSENIG indicated that she understood that she was obligated to make "her best reasonable efforts to be a participating provider in the PAMP."

13. Further, SENSENIG agreed to submit to a local and an FBI background check in order to obtain employment.

14. In turn, SENSENIG provided two purported PSP background check results, which contained false and fraudulent information. Additionally, she provided an incorrect social security number on the consent form necessary to run the FBI background check.

## COUNT ONE

## (Health Care Fraud)

The United States Attorney hereby incorporates by reference the Introduction portion of this Information.

Beginning on or about July 13, 2006 through April 30, 2015, in the Eastern and Middle Districts of Pennsylvania, the defendant,

**TAMMIE M. SENSENIG,**
**a/k/a TAMMIE M. LUETTGEN,**

did knowingly and willfully, execute, and attempt to execute, a scheme and artifice to defraud a health care benefit program as defined in Title 18, United States Code, Section 24(b), in connection with the delivery of and payment for health care benefits, items and services while working for Alternative Counseling Enterprises, Inc. and servicing clients of Community Care Behavioral Health Organization, a Pennsylvania Medicaid Managed Care Organization, that is, the defendant concealed her exclusion status from her employer and submitted hourly reports for remittance with the knowledge that she was excluded from receiving compensation from the Medicaid program.

All in violation of Title 18, United States Code, Section 1347.

BRUCE D. BRANDLER
UNITED STATES ATTORNEY

2/21/17
DATE

By: Chelsea Schinnour
CHELSEA B. SCHINNOUR
ASSISTANT U.S. ATTORNEY